J	· .								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOI													
	Effective October 1, 2000								10/701:386				
		CLAIMS A		S FILED - PART I (Column 1) (Column 2)					ENTITY		OTHER THAN		
I	TOTAL CLAIM						RATE FEE		¬ ^{OF}	OR SMALL ENTIT			
1	FOR	NUMBER FILED NAME			BER EXTRA	BASIC FI		FEE	\mathbf{H}	RATE	FEE		
	TOTAL CHARGE	6	6		- CAINA	1 -		E 355.00	ႛႝၟၯ	BASIC FE	710.00		
⊪	NDEPENDENT	minus 20=		•		X\$ 9-		<u> </u>	ОЯ	`	: :		
11-		NDENT CLAIM						X40=		OR		<u> </u>	
r.	M the difference					•	135÷		OR	280 +270 =			
			less than zero, enter "0" in column 2			T	OTAL		OR	TOTAL	1-0.00		
	(AMENDE	MENDED - PART II							OTHER	THAN	
1		(Column 1) CLAIMS		(Colum		(Cotumn 3)	, <u> </u>	MALL	ENTITY	OR	SMALL	ENTITY	
Y		REMAINING AFTER		NUMB PREVIO		PRESENT EXTRA		MTE	ADDI- TIONAL		RATE	ADDI- TIONAL	
措	Total	AMENDMENT		PAID		-	-		FEE	┨		FEE	
AVENDVENT	Independent	1. //	Minus	 	20 u		×	\$ 9=		OR	X\$18=		
=	FIRST PRES	ENTATION OF M	1	DENDENT	CLAIN	1-	X	40=		OR	X80=		
-	· <u>·</u>			CIDEN	-		+1	135=		OR	+270=		
		•					<u> </u>	TOTAL			TOTAL		
AMENDMENT 8	125/06	(Column 1)	(Colum	n 2)	(Column 3)	ADD	IT. FEE		Jon	ADDIT. FEE			
		CLAIMS REMAINING		HIGHE		PRESENT			ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO	USLY	EXTRA	RA	ATE	TIONAL FEE		RATE	TIONAL	
	Total	. 3	Minus		Ü	- 7	X	9=	PEE		X\$18=	FEE	
	Independent	• 3	Minus	2	7	-	-	40 =		OR			
L	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		 -	-V=		OR	X80=		
					•			35=		OR	+270=	•	
٠								T. FEE		OR ,	TOTAL VDDIT, FEE		
_	(Column 1) (Column 2) (Column 3) CLAIMS RIGHEST												
D		REMAINING AFTER		NUMBI PREVIOL	ER	PRESENT		ITE .	ADDI-			ADDI-	
		AMENDMENT		PAID F		EXTRA			TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	•	Minus	••		•	XS	9-		OR	X\$18=		
Į	Independent	AITATION OF A	Minus	•••		•	X4	0.5		OR	X80=		
_	FINS! PHESE	NTATION OF MU	LTIPLE DEF	'ENDENT (MIAL		-			 			
• (* (I the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270⇒		
**	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "20." ADDIT. FEE												
	The T-lighest Num	ber Previously Paid	For (Total or	Independent	i) is the I	highest number	lound in t	he appr	opriate box	in calu	mn 1.		

FORM PTO-478 (Rev. 8/00)